

NOTICE OF INTENT

For Coverage Under the NPDES General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems (MS4s)



A. Instructions

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the NPDES General Permit issued by EPA for storm water discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all of the information required on this Notice of Intent form and the separate Storm Water Management Program (SWMP) Implementation Schedule form (Excel Spreadsheet), must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a storm water management program.**

B. Applicant Information

1. Small MS4 Operator/Owner Information:

Town of Goffstown

Name

404 Elm Street

Mailing Address

Goffstown

City/Town

497-3617

Telephone Number

03045

State and Zip Code

tfatcheric@ci.goffstown.nh.us

Email (if available)

2. Municipality Name

Town of Goffstown

City/Town

3. Legal Status:

☐ Federal

* City/Town

☐ State

☐ County

☐ Private

☐ Other public entity:

Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

Hillsborough County Complex

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

* ☒ yes ☐ pending ☐ no

B. Applicant Information (cont.)

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6. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for protection of historic properties been met?

* yes ☐ pending ☐ no

Note:
Section C may
be duplicated to
accommodate a
larger list of
receiving waters

C. Names of (Presently Known) Receiving Waters

Receiving Water:	No. of Outfalls	Listed as Impaired?	Impairment
Glen Lake Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Glen Lake-Public Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Kelly Falls Pond Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Hadley Falls Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Whittle Brook, IMP Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Unknown River- Rod.St.Dam Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Dan Little Brook-IMP Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Piscataquog River Name	Number	√ Yes <input type="checkbox"/> No	Mercury, Lead, Bacteria Specify
Unnmed Brk to P.R. Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Unnmed Bk to R.S.Dm Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Unnmd RS-P.R Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Cemetery Brook Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Whitney Brook Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Catamount Brook Name	Number	√ Yes <input type="checkbox"/> No	Mercury Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Name	Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify

D. Storm Water Management Program Summary

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1. Public Education:

PE-A

BMP ID #

Storm Water Page on Website

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of website hits

Specify Measurable Goal

PE-B

BMP ID #

Develop/Dist News Letter

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of N.L Dist.

Specify Measurable Goal

PE-C

BMP ID #

Storm Drain Stenciling

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of drains marked

Specify Measurable Goal

PE-D

BMP ID #

Evaluate existing outreach

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number/type of existing prgms

Specify Measurable Goal

PE-E

BMP ID #

Utilize GTV for PE Video

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Hours shown/increase awnss

Specify Measurable Goal

2. Public Participation:

PP-F

BMP ID #

Establish SWA Cmtte

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Improve prgm support

Specify Measurable Goal

PP-G

BMP ID #

Establish SW Hotline

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Log/Track concerns

Specify Measurable Goal

PP-H

BMP ID #

Implement AAS Program

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Reduce RS refuse/count bags

Specify Measurable Goal

PP-I

BMP ID #

School discharge and Detect
Program

T.Fatcheric/DPW

Responsible Dept./Person Name

Numbers of students involved

Specify Measurable Goal

PP-J

BMP ID #

Join Local orgs.

Specify Best Management Practice

T.Fatcheric/DPW

Responsible Dept./Person Name

Number of orgs contacted

Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

3. Illicit Discharge Detection and Elimination:

<u>ID-K</u> BMP ID # <u>Research Existing Cmplnts</u> Specify Best Management Practice	<u>T.Fatcher/DPW</u> Responsible Dept./Person Name	<u>Find/track problem areas</u> Specify Measurable Goal
<u>ID-L</u> BMP ID # <u>Eval existing Maps for D-layer</u> Specify Best Management Practice	<u>T.Fatcher/DPW</u> Responsible Dept./Person Name	<u>Count known discharge pnts</u> Specify Measurable Goal
<u>ID-M</u> BMP ID # <u>Map Outfalls</u> Specify Best Management Practice	<u>T.Fatcher/DPW</u> Responsible Dept./Person Name	<u>Finalize SW maps/count outfall</u> Specify Measurable Goal
<u>ID-N</u> BMP ID # <u>Storm water Ord.</u> Specify Best Management Practice	<u>BOS/DPW</u> Responsible Dept./Person Name	<u>Increase compliance</u> Specify Measurable Goal
<u>ID-O</u> BMP ID # <u>Devel I.D. Dect. Pln</u> Specify Best Management Practice	<u>T.Fatcher/DPW</u> Responsible Dept./Person Name	<u>Count/ID polluters</u> Specify Measurable Goal

4. Construction Site Runoff Control:

<u>CS-P</u> BMP ID # <u>Review/Revise Ord.</u> Specify Best Management Practice	<u>Planning Brd/BOS</u> Responsible Dept./Person Name	<u>Track projects</u> Specify Measurable Goal
<u>CS-Q</u> BMP ID # <u>Create Dtls for Control Msrs</u> Specify Best Management Practice	<u>T.Fatcher/DPW</u> Responsible Dept./Person Name	<u>Number/type of BMP used</u> Specify Measurable Goal
<u>CS-R</u> BMP ID # <u>Site Plan Procedure</u> Specify Best Management Practice	<u>T.Fatcher/DPW</u> Responsible Dept./Person Name	<u>Track types of BMPS/number of prjcts</u> Specify Measurable Goal
<u>CS-S</u> BMP ID # <u>Imp. Inspection prgm</u> Specify Best Management Practice	<u>Building Dept/DPW</u> Responsible Dept./Person Name	<u>Count/Doc. compliance</u> Specify Measurable Goal

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D. Storm Water Management Program Summary (Cont.)

5. Post Construction Runoff Control:

PC-T _____

BMP ID # _____

Review/Revise Current Ord _____

Specify Best Management Practice _____

Planning Board/BOS _____

Responsible Dept./Person Name _____

Enforce/Follow up of BMPs _____

Specify Measurable Goal _____

PC-U _____

BMP ID # _____

PC Mntnce/Ownership policy _____

Specify Best Management Practice _____

Planning Board/BOS _____

Responsible Dept./Person Name _____

Mntnce compliance _____

Specify Measurable Goal _____

6. Municipal Good Housekeeping:

GH-V _____

BMP ID # _____

Annual Employee Training _____

Specify Best Management Practice _____

T.Fatcheric/DPW _____

Responsible Dept./Person Name _____

Number of employees trained _____

Specify Measurable Goal _____

GH-W _____

BMP ID # _____

CB Cleaning _____

Specify Best Management Practice _____

Jeff Sarette/DPW _____

Responsible Dept./Person Name _____

Log Cleaning cycle/#cleaned _____

Specify Measurable Goal _____

GH-X _____

BMP ID # _____

Street Sweeping _____

Specify Best Management Practice _____

Jeff Sarette/DPW _____

Responsible Dept./Person Name _____

Log Cleaning cycle/tonnage _____

Specify Measurable Goal _____

GH-Y _____

BMP ID # _____

Provide HHW service _____

Specify Best Management Practice _____

T.Fatcheric/DPW _____

Responsible Dept./Person Name _____

Track tonnage _____

Specify Measurable Goal _____

GH-Z _____

BMP ID # _____

Used oil/Antifreeze Collection _____

Specify Best Management Practice _____

T.Fatcheric/DPW _____

Responsible Dept./Person Name _____

Total gallons collected _____

Specify Measurable Goal _____

GH-AA _____

BMP ID # _____

Determine Sand/Salt Usage _____

Specify Best Management Practice _____

Mike Hillhouse/DPW _____

Responsible Dept./Person Name _____

Tons used/collected _____

Specify Measurable Goal _____

GH-AB _____

BMP ID # _____

Calibrate Equipment _____

Specify Best Management Practice _____

Steve Richardson/DPW _____

Responsible Dept./Person Name _____

Tons spread _____

Specify Measurable Goal _____

GH-AC _____

BMP ID # _____

Develop Inspct Pro/Schedule _____

Specify Best Management Practice _____

MH/JS/TF/DPW _____

Responsible Dept./Person Name _____

Manage cleaning activities _____

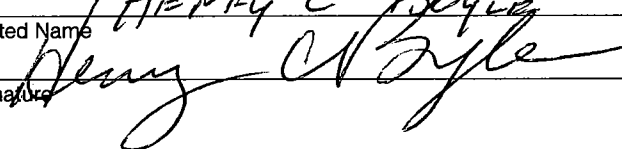
Specify Measurable Goal _____

7. BMPs for Meeting Requirements of Part I.C. (Discharges to Water Quality Impaired Waters) and Part I.D. (Total Maximum Daily Load Allocations):

<u>IW-AD</u>		
BMP ID #		
Eval/Modify Sewer Inspection Program	<u>Mike Yergeau/Sewer</u>	<u>Find/eliminate leaks/crossover</u>
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name	<u>HENRY C Boyle</u>	
Signature	<u></u>	<u>8/11/03</u> Date

Date: 07/24/03

Stormwater Management Permit Tracking

Town of Goffstown

[illegible]